



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE  
WORKER'S COMPENSATION**

**Effective Date:** May 12, 2003

**Policy #:** SF-07

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**I. PURPOSE:**

- A. To identify responsibilities in the event of a work related injury that results in Worker's Compensation benefits.
- B. To establish a process for employees injured at work to return to work in a limited capacity.

**II. POLICY:**

- A. It is the intent of Montana State Hospital to work with injured employees, their health care provider, and Montana State Fund to maintain an Early Return To Work (ERTW) program to allow injured employees to return to work in a transitional capacity where activities are temporarily limited according to medical necessity.

**III. DEFINITIONS:**

- A. Early Return To Work - A program that involves the employer, the injured employee, the employee's health-care provider, and Montana State Fund working together to identify transitional assignments that allow an injured employee to return to work in a capacity that does not interfere with physical limitations (as identified by their health-care provider).
- B. Transitional Assignment - A temporary work assignment that includes duties that do not interfere with an injured employee's physical limitations (as identified by their health-care provider).
- C. Time of Injury Job Analysis (TJA) - An assessment of an employee's regular duties to provide a physician with an accurate description of the physical demands of the employee's regular job so the physician can provide medical approval or disapproval for an employee to perform that job.
- D. Modified Job Analysis (MJA) - An assessment of modified duties to provide a physician with an accurate description of the physical demands of a modified position so the physician can provide medical approval or disapproval for an employee to perform that job.

#### IV. RESPONSIBILITIES:

- A. Safety Officer - Work with injured employees, supervisors, and Montana State Fund to ensure prompt claims reporting and managing from time of injury to time of closure of the claim.
- B. Employees - Report injuries to their immediate supervisor at the time of the injury. To make regular contact (at least every three weeks) with their supervisor and the Safety Officer when they are away from work as the result of a work related injury. To provide a medical statement to their supervisor and the Safety Officer after each work related physician visit. Montana State Hospital's Medical Certification form (Attachment A) should be completed by the employee's physician at each doctor appointment. Employees must make contact with their supervisor and the Safety Officer at least every three weeks.
- C. Supervisors - Report all injuries to the Safety Officer. Work with the Safety Officer and Montana State Fund to identify transitional duties for an employee returning to Early Return To Work (ERTW) status. Coordinate with the Safety Officer to ensure the injured employee is:
  - 1. Making regular contact (at least every three weeks) with the Supervisor and Safety Officer.
  - 2. Providing medical documentation after each physician visit.

#### V. PROCEDURE:

##### WORKER'S COMPENSATION

- A. Injured employees must complete an Incident Report anytime they are injured. The employee must give the completed Incident Report to their immediate supervisor at the time of the injury whenever possible. **The supervisor must be given the Incident Report before the end of the employee's shift or as soon as feasible.**
- B. Employees must notify their immediate supervisor and the Safety Officer if they miss work as the result of an injury that occurs at work.
- C. Employees must notify their immediate supervisor and the Safety Officer if they seek medical attention as the result of an injury that occurs at work. Employees must obtain a medical statement from their physician anytime they see a physician as the result of an injury that occurs at work.
- D. The Safety Officer must complete a "First Report" for all employees who miss work or seek medical attention as the result of an injury that occurs at work. The "First Report" must be submitted to Montana State Fund in a timely manner.

**EARLY RETURN TO WORK (ERTW)**

- A. The Safety Officer will coordinate with the injured employee's supervisor to identify transitional assignments that may be available in the work area.
- B. The Safety Officer will work with Montana State Fund to develop a Modified Job Analysis for the transitional assignment.
- C. The injured employee's health care provider must review the Modified Job Analysis to ensure the duties are within the injured employee's physical abilities. The health care provider should sign Montana State Hospital's Medical Certification form indicating if the employee is physically able to perform the duties identified in the TJA. The employee must submit Medical Certification to their supervisor immediately after their medical appointment.
- D. If the employee is released to work a transitional assignment, the supervisor must focus on modifying the employee's existing job when possible. At all times the supervisor must ensure the employee does not engage in any activity that is beyond the employee's physical limitations.
- E. At the end of three weeks, the transitional assignment will be reviewed to determine how the employee is progressing and to decide if adjustments need to be made in the transitional assignment.
- F. Transitional assignments may be extended up to 90 days if the injured employee continues to show improvement each week and submits verification from their healthcare provider no less than every 30 days indicating continuing improvement. A typical transitional assignment will not ordinarily last longer than 35 days, but can be extended if the injured employee shows improvement.
- G. Employees working in a transitional assignment must be aware of and must not exceed physical limitations identified by their personal physician.
- H. Employees working in a transitional assignment must complete a Leave of Absence Request Form for any time missed due to their injury. In addition, employees must abide by all policies and procedures relating to missed work.
- I. Transitional assignments may be on an alternate shift or work area.
- J. Employees working in a transitional assignment are not eligible for overtime assignments.

**VI. REFERENCES:** DPHHS Worker's Compensation Policy; MSH Policy "Incident Response And Reporting"

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 Connie Worl Date  
 Director of Quality Improvement

**STATE OF MONTANA  
MONTANA STATE HOSPITAL  
MEDICAL CERTIFICATION**

An employee who requests sick leave may be required to verify the need for the use of sick leave prior to returning to work. If you are required to provide verification, you must submit this form to the appropriate supervisor or designee prior to your return to work.

**TO BE COMPLETED BY THE EMPLOYEE**

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Work Area/Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

I hereby authorize the attending physician \_\_\_\_\_ (physician name) to provide the following information regarding my need to use sick leave and my ability to return to work to Montana State Hospital.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY THE PHYSICIAN**

Date of Incident \_\_\_\_\_ Date of Exam \_\_\_\_\_

1. Did your examination confirm that the employee suffers from an illness which required the employee to use sick leave?  

YES \_\_\_\_\_NO \_\_\_\_\_
  2. Please indicate the time period (month, days) for which the use of sick leave is justified:  

(FROM)      month \_\_\_\_\_

day(s) \_\_\_\_\_

(TO)          month \_\_\_\_\_

day      \_\_\_\_\_
  3. Is the employee able to perform the functions of his/her position? (The hospital may provide and request your review of a description of the employee's position. Otherwise, such information may be obtained through a discussion with the employee).  

YES \_\_\_\_\_NO \_\_\_\_\_
- (Continued on Back)**
4. Will the employee's work activities need to be limited upon return to work?  

YES \_\_\_\_\_NO \_\_\_\_\_

- 4a. What duties or activity will the employee be unable to perform?
- 4b. What is the anticipated duration of the limited work assignment?
- 4c. When may the employee begin work on a limited or restricted basis?
- 4d. List any other restrictions (such as hours of work, etc.):
5. Will any activities or duties be limited permanently?
- YES \_\_\_\_\_ NO \_\_\_\_\_
6. What day may the employee resume work with no limitations?
7. If the employee was referred to you to verify the need for the use of sick leave for **necessary care and attendance of a family member** (parent, child, spouse, grandparent, grandchild, or corresponding in-law or any member of the employee's household), please indicate whether or not the family member's illness requires the care and attendance of the employee.
8. Please indicate the time period (month, days) for which the use of sick leave is justified.
- (From) month \_\_\_\_\_ day \_\_\_\_\_
- (To) month \_\_\_\_\_ day \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date